Introduction

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COVID-19 brought into sharp relief the intersection of ageing, illness and care. This global pandemic exposed what we already knew: that we live in a world of global competition, not cooperation, as rich countries of the Global North competed with each other to vaccinate their populations whilst offering a derisory number of vaccines to countries with more restricted access to the drugs that save both individual lives and the wider social and economic systems within which we live. Global division, dispute and lack of cooperation then mirrored often divisive national discourses and policies that are strongly inflected by age itself.

Most obviously, COVID-19 made explicit the ageism found in policies and practices around care and illness. Edward F. Ansello outlined the ways in which ageism directed the practical, emotional and economic responses to the pandemic in the US, arguing that “older adults [were] last in priority.” Commenting early in 2021 on the high number of COVID-19 deaths in American long-term care homes, Margaret Morganroth Gullette called this “American eldercide,” drawing attention to lack of regulation and underfunding. In the UK, the Care Quality Commission (CQC) reported in November 2020 that, during the early months of the pandemic, Do Not Resuscitate (DNR) orders may have been put in place without the consent of care home residents (including older people and those with learning disabilities) or the knowledge of their families. And for those with a DNR order, medical care was sometimes withheld, with delays in calling doctors or people being coerced into advance COVID plans that stipulated that they would stay at home without treatment if they contracted the disease (CQC). Even in Japan, which recorded much smaller numbers of cases of infection and death than the US and the UK, the Japan Geriatrics Society felt the need to reassert its opposition to triage on the basis of age alone and recommend Advanced Care Planning to ensure that older people received the care and treatment that they considered best for them (The Japan Geriatrics Society).

Responses to COVID-19 draw attention to both how we care and how we talk about and understand care, especially care for older people. The use of language by media, government and public health professionals

was identified as a particular issue in relation to age and the pandemic (British Society of Gerontology). A whole vocabulary of care and vulnerability mushroomed during this crisis. In countries such as the US, UK, Ireland and Sweden, the language of “cocooning” and “shielding” created a narrative of benevolent protection around the confinement of older people and those considered vulnerable as a result of pre-existing conditions. Nevertheless, as Michaela Schrage-Freuh and Tony Tracy point out, well-meaning political and social statements about protecting “the elderly” simply reinforced the sense of a homogenous and vulnerable group whose removal from active everyday life would not be significant (see also British Society of Gerontology). Older adults were positioned as endangered others, who needed the help and support of younger people, without any recognition of the reciprocal nature of that support and the important roles older adults play in society (Chivers, “How We Rely”).

The “protection” of older people also highlighted the difficult balancing act between protecting life and sustaining economic activity. Societies approached this challenge in different ways. The Swedish method, which imposed limited restrictions, was praised by some citizens in the country and those elsewhere who lamented the loss of freedom they felt in response to their own nations’ more restrictive policies. Nonetheless, the Swedish approach proved to have a damaging effect on older people, with a much larger number of deaths recorded amongst older people in Sweden than in the other Nordic countries (Claeson and Hanson). As countries such as the UK lifted restrictions, age and generation were once more in the political crosshairs as the vulnerability of young, unvaccinated people to long COVID was debated. Age, therefore, proved to be a deeply economic and political matter and, as those working in age studies have long recognised, must be considered in its intersections with race and ethnicity, and with class and wealth. COVID-19 – and the endless stream of statistics used to narrativise the crisis – laid bare the ways in which health and care are determined not only by age, but by race, ethnicity and relative privilege, with a higher mortality rate associated with certain groups and geographical areas.

All this took place alongside the existing alarmist discourse around ageing and care in many countries of the Global North, countries with increasingly, often rapidly, ageing populations. With demographic changes come macro political and economic concerns about the support of a growing retired population by a dwindling number of workers, and the impact of an increasing number of older people upon public services. These concerns feed into the “crisis of care” narrative that is prominent in many countries with ageing populations and neoliberal economies. Against the backdrop of these dominant political and economic discourses are the situated experiences of older people, experiences that are various and complex.

In thinking about care, we accept both the intangibility and instability of its definitions. Nevertheless, we follow many in feminist ethics who see two broad aspects to care: the giving and taking of practical support for daily living – clearly crucial in the lives of many older people; and an understanding of care as “caring about,” something that involves obligation and responsibility, as an individual and as a society:

In its broadest meanings, care is complex and multidimensional: it refers both to the dispositional qualities we need to care for ourselves and others, such as being attentive to human needs and taking responsibility to meet such needs, as well as to the concrete work of caring. To care well requires that both of these elements be present: a disposition to care and care work.

(Tronto 130)

Care, then, has a moral meaning that concerns “intersubjective dimensions such as affect, emotion or compassion” (Andersen et al. 569). Care raises fundamental questions about what it means to be human and to co-exist with others. It forces us to confront the vulnerability and dependency that is antithetical to our reliance upon the notion of autonomous subjecthood (Feder and Kittay; Kittay; Tronto). At the same time, care is entangled within specific social and cultural contexts, and care needs and care labour are subject to and shaped by (global) power relations. Feminist ethics of care have consistently recognised the roles of gender, race, ethnicity and class in caring practices and locations (Hankivsky). In our contemporary world, what Kittay calls “dependency concerns” disproportionately affect women, poorer people and those experiencing racial inequalities (4). And, given the global economics of care, migrants are often those who undertake dependency care in many wealthy nations of the Global North (Kittay 4–5).

For Joan Tronto, care offers us “a perspective from which to think about human life” (130). Care becomes a kind of lens through which broad and macro-scale decisions and judgements become linked to specific lives and experiences (Tronto 130–1). This collection aims to employ that perspective – using concrete and contextual examples to consider broader issues around care, ageing and what it means to live with others. The volume is underpinned by the assumption that the humanities matter to gerontological research and to the experience of ageing; more specifically, it assumes that the stories we tell about our ageing selves are both informed by and help to shape the ways in which we grow older, in health and in illness (Chivers, *Silvering*; Gullette, *Aged*; Marshall; Woodward, *Aging* and *Figuring Age*). Cultural narratives of ageing, illness and care – whether in the form of film, popular music or theatre – complicate the dominant discourses outlined earlier. Complicit or questioning, these narratives are an important part of gerontological knowledge. In this

volume, we consider what it means to represent, think about and enact caring practices across a variety of national and cultural contexts, and across different genres and media.

The chapters address not only the representation of care, but how engagements with narrative and cultural practices can be a form of care, one that displaces political and economic discourses of crisis and burden with ideas of attention, patience and relationality. In this way, this volume is part of a wider conversation about the potential of cultural practices to change the ways in which we relate to the world and, specifically, encourage more empathetic, relational and fundamentally ethical practices of care for others (see for example Bitenc; Gibson; Hamington and Rosenow; Maginess). Shirley Jordan opens this area of inquiry with her exploration of the ethical potential of photography, focusing on Martine Franck, a photographer who has so far drawn little attention in the field of ageing studies. Jordan's assertion that Franck's documentary photography establishes an ethics of care is echoed in Chapter Two in Bridie Moore's description of the "circuit of care" created in theatrical practice. Examining both Peggy Shaw's *Ruff* and Moore's own use of improvisatory techniques with her father as he lived with Alzheimer's disease, Moore argues that the caring relationships established and made possible through performance interrogate the binary of carer and cared-for in productive ways. Like Moore, Janet Gibson considers the value of theatrical practice in care for and with older people, analysing the ways in which "narra-theatrical" practices create space for different dynamics of care in an Australian residential care home.

Three further chapters in this volume concentrate upon the experience and representation of dementia, this time in film. This is in recognition of both the significance of dementia for many in later life, but also the cultural visibility of the condition. As gerontologists Paul Higgs and Chris Gilleard argue, the close link between dementia and ageing has led to the "Alzheimerisation of ageing," which is "re-setting the coordinates of what ageing and old age mean in contemporary societies" (176; see also Burke; Gullette, *Ending*; Katz). Cognitive health is indelibly associated with ageing at the levels of cultural discourse and individual experience. The three film chapters all explore how personal and national memories are entwined and how individuals affected by dementia and those who care for them navigate their relations to each other and to the past – to familial, national and postcolonial history. Amir Cohen-Shalev's discussion of two documentary films made by Sylvain Biegeleisen about his mother and their relationship uses the comparison between the films – made seven years apart – to consider how they offer a way of reconceptualising the movement into what might be termed "old old age." Similarly focusing upon embodied care in familial documentary film, Raquel Medina examines both care as represented on film and documentary practice as a form of care, through analysis of the Mexican

documentary film *Tiempo suspendido* (2015) by Natalia Bruschtein and *El Señor Liberto y los pequeños placeres* (2018) by the Spanish filmmaker Ana Serret. In the final chapter devoted to film and care, MaoHui Deng analyses Hong Kong film *Summer Snow* (1995) to emphasise the importance of hesitancy and temporal re-orientation in our care for and attention to someone living with dementia. Ultimately, these chapters demonstrate that narrative practices and the ways in which viewers relate to them can be understood *as* forms of care.

The perhaps utopian possibilities of these approaches are, however, juxtaposed with chapters that explore the ways in which care for older people comes under pressure, especially in the economic and social climates of the Global North. Although anti-ageism seems to be gaining force in public discourse, it is often underlain by anti-ageing sentiments. The discourse of “successful ageing” is a case in point (Katz and Calasanti). The persistence of anti-ageing sentiments creates ambiguity around ageing in popular cultures that are dominated by youth and consumerism, as scholars such as Josephine Dolan have shown. In this volume, Simon Buck explores this ambiguity through the career of Glen Campbell, who navigated the post-1960s youth-oriented music world in the US as he grew from a youthful, blonde, masculine icon to a “legend” living with Alzheimer’s. Although Campbell’s fame and access to resources enabled what Moore describes in her chapter as a “circuit of care,” Buck illustrates how Campbell must still negotiate the cultural meanings of loss – loss of youth, masculinity and self – in sustaining his legacy.

The discourse of successful ageing prevails not only in the popular cultural space but more broadly in many neoliberal societies, demanding that populations be fit, able and productive. We are confronted by the question of how we care in a world that is dominated by economic and political agendas that prioritise competition and production, a world that allocates few resources to care for those vulnerable and dependent. It is not only social care systems that are under strain. Changes in life courses and choices in many societies have unsettled traditions of kinship-based care. Nonetheless, care responsibility is constantly shifted towards the private realm, making informal caregiving “part of standard care” (Andersen et al. 569). We, as individuals, may care or may wish to care, but our “right to care” (West), both as caregiver and as care recipient, is precarious, and we need new systems and networks to channel our caring resources. Three literary chapters in this volume focus on a specific system/institution of care, where care meets the political and cultural economy.

Elizabeth Barry explores care and ageing in the contemporary short story from North America, drawing on the concept of the chronotope to examine time and space: the sense of an ending and the “closed system” of the institutional care home. Exposing, interrogating and challenging assumptions about ageing, old age and the space of care, Barry argues

that the short story is a particularly appropriate form for the representation of the vicissitudes and the pleasures of the later stages of life. Whilst familial and intergenerational relationships are central to the texts in Barry's chapter – and to our wider discourses of care and ageing – Sally Chivers looks beyond these to critique what might seem a perfect alternative to our heterosexual imaginary: friendship. As Sasha Roseneil argues: "While the idea of 'family' retains an almost unparalleled ability to move people, both emotionally and politically, much that matters to people in terms of intimacy and care increasingly takes place beyond 'family' in and among networks of friends" (332). Recognising the value of moving beyond the familial model when it comes to caring for as well as caring about, Chivers remains sceptical of the political and economic forces behind the popularity of what she calls "curated friendships," sometimes seen as a solution to the perceived problems of isolation and loneliness in older people. Chivers turns to fiction – Australian novelist Helen Garner's *The Spare Room* (2008) – to explore the practice and politics of friendship-based care.

Our final chapter returns to the familial, with a reminder of the persistence of the gendered ideal of kinship-based care. We analyse contemporary Japanese children's picturebooks and their depiction of a complex form of intergenerational, reciprocal care, a relational care that can limit as well as expand autonomy. Annemarie Mol suggests that "good care" in the West tends to be based on the individualistic "logic of care" or "the single ideal of choice and the rationalism that it is tied up with" (6). Generational care in Japanese picturebooks complicates the understandings of autonomy, relationality and responsibility that underlie that "logic of care," posing the question of what "good care" may mean for both individuals and societies. Depicting, without questioning, gender-based home care, these books are also vessels of "the ideology of familism" that seeks to confine women in a caring role (Holstein 235), "mask[ing] the costs of necessary caretaking of dependents" (Fineman 215).

The pandemic forced us to address care at all levels: individual, familial, communal, social and national. Care itself changed in the pandemic's "conditions of radical uncertainty"; in the light of national restrictions, we were "pushed to improvise and to decide what kind of care we want to create and be part of" (Baraitser and Salisbury 9). More broadly, the pandemic foregrounded the interrelatedness of societies and individuals, even as it forced us physically apart. The pandemic, then, made explicit Tronto's claim about social interdependence: "In an age in which societies are so integrated, it is difficult to start to think about the public good and not understand that our interests are connected to the flourishing of all others, not just those closest to us" (143; see also Fine and Tronto). The interconnectedness that she emphasises is evident in this volume: in the links it implicitly makes between a range of national and cultural contexts and in its close attention to the narratives that bind us – as

practitioners, performers, audiences and readers. Collectively, this volume asks what care means, how it may be enacted, what systems we may need or want to support those who care and those who receive care. We do not wish to sound idealistic, however. We are aware that we are asking these questions at a time when there is a mounting social demand for tangible and swift action, and when we have witnessed and experienced, in the form of coronavirus vaccines, the practical power of scientific research to make an impact on a global scale. And yet, the disparities in care we witnessed during the pandemic confirm that, powerful as it may be, economic and political logic alone cannot produce the kinds of caring for and about that we might desire. We must continue to be mindful – and hopeful – of cultural narratives and practices and their potential to bring about change, change that may be subtle and slow. If “serious work on cultural transformation must accompany political work to alter policies” (Holstein 241), it is our hope that this volume plays a part in this.

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